



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

Memo

To: All TennCare Providers
From: TennCare Pharmacy Program
Date: April 20, 2007
Re: Products that are NOT self-administered

Drugs which cannot be self-administered should be billed as a medical benefit to the Managed Care Organization (MCO) by the physician or provider administering the drug. Beginning April 9, 2007 claims submitted on behalf of adult ambulatory TennCare patients for products deemed non-self-administered will return messaging to the pharmacy through the point-of-sale system (POS) indicating that the product will need to be billed as a medical benefit beginning May 1, 2007. On May 1, 2007 these claims will deny and the message returned will be "*Medical Benefit : Provider to Bill MCO*". Drugs given intravenously will be considered non-self-administered by the patient. Absent evidence to the contrary, drugs given by intramuscular injection may be presumed to be non-self-administered by the patient. Additionally, products whose package literature does not list or support self-administration will be included in this POS edit.

There are a number of drug products that are administered by the IM or IV route that, due to established channels of distribution, will not be subject to this edit (see attached list of covered injectable drugs). In addition, Long Term Care (LTC) patients, as well as Department of Health Pharmacies, will not be subject to the edit. There may be instances where an emergency exists, the provider does not have access to the needed drug, or a caregiver has been trained to administer the drug. In these situations, an override may be requested by calling the First Health call center at (866) 434-5524 or by faxing the request to (866) 434-5523.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.



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Covered Injectable Drugs

Product	CC*	Product	CC*
Antihemophilic Factors		Innohep®	
Aranesp®	X	Insulins	
Arixtra®		Interferon Alpha-2A & 2B	
Avonex®		Interferon Gamma-1B	
Betaseron®		Leukine®	X
Byetta®	X	Leuprolide Acetate	
Chlorpromazine		Lovenox®	
Copaxone®		Medroxyprogesterone Acet	
Dihydroergotamine Mesylate		Methotrexate	
Enbrel®	X	Miacalcin®	
Epipen®		Neulasta®	X
Epoetin Alfa	X	Neumega®	X
Factor IX		Neupogen®	
Flolan®	X	Octreotide Acetate	
Fluphenazine Decanoate		Peginterferon Alfa-2A & 2B	
Forteo®		Procrit®	X
Fragmin®		Raptiva®	X
Geodon®	X	Rebif®	
Glucagon		Risperdal Consta®	X
Growth Hormone	X	Somavert®	
Haloperidol		Symlin®	X
Humira®	X	Synagis®	X
Imitrex®		Xolair®	X
Infergen®		Zoladex®	X
Influenza Vaccines		Zyprexa®	X

* CC indicates that clinical criteria must be met prior to dispensing.